


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90305 017 \*\*\*\*50.00

<b>DOCUMENT # L05000090283</b> 1. Entity Name CYPRESS HORIZONS, LLC	
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Principal Place of Business 7227 CLINT MOORE ROAD BOCA RATON, FL 33496 US	Mailing Address 7227 CLINT MOORE ROAD BOCA RATON, FL 33496 US
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60048384



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03222007	Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-3804846	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
JEFFREY A. LEVINE, P.A. 4000 N. FEDERAL HIGHWAY 201 BOCA RATON, FL 33431	Name <b>LEVINE, JEFFERY A</b> Street Address (P.O. Box Number is Not Acceptable) <b>6751 N. Federal Highway</b> <b>Suite 301</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;">MGR ANSEL, JEROME 7227 CLINT MOORE ROAD BOCA RATON, FL 33496</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	MGR ANSEL, JEROME 7227 CLINT MOORE ROAD BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_